



STATE BOARD OF PODIATRIC MEDICAL EXAMINERS

4201 Patterson Ave • Baltimore, MD 21215-2299 • Phone: 410-764-4785 • Fax: 410-358-3083

APPLICATION FOR PMLEXIS EXAMINATION ELIGIBILITY

ELIGIBILITY REQUIREMENTS:

Item	Description	For Board Use Only
1.	Application with recent photograph attached to upper right hand corner, with notarized signature .	
2.	NON-REFUNDABLE Application Fee of \$50 Check payable to: State Board of Podiatric Medical Examiners	
3.	Podiatry College Transcript - Official Copy	
4.	National Board Scores - Both Parts. Only official reports bearing the seal of the National Board of Podiatric Medical Examiners are acceptable. Order Scores at 1-877-302-8952	

Forward completed application to:

**Board of Podiatric Medical Examiners
4201 Patterson Avenue, Room 310
Baltimore, Maryland 21215-2299**

All PMLexis examination candidates, planning to sit for the exam in the State of Maryland must fulfill **ONE** of the following requirements:

- I. Must be a podiatric resident in an approved residency program in the State of Maryland; and thus have a Maryland Limited License.
OR
- II. Must be in the process of applying for a full Maryland podiatric license. (Please note that the Board must have received at least 70% of required documents; this includes especially, the Application & Licensing fees, Official Transcript from Podiatry College and Part I & II National Board scores).

All out-of-state candidates that do not meet the above requirements must complete the Application for PMLexis Examination Eligibility to be credentialed to sit for the exam in the State of Maryland.

Please be aware that it is the applicant's responsibility to return the completed application on time!

**STATE OF MARYLAND
BOARD OF PODIATRIC MEDICAL EXAMINERS
APPLICATION FOR PM LEXIS ELIGIBILITY**

Last Name	First Name	Middle
-----------	------------	--------

Present Address

City	State	Zip code
------	-------	----------

Phone Number	Email Address
--------------	---------------

Permanent Address

City	State	Zip code
------	-------	----------

Phone Number	Social Security Number
--------------	------------------------

Date of Birth	Place of Birth
---------------	----------------

Name of Podiatry College Attended and Graduation Date:

RESIDENCY PROGRAM

Name of Facility

Address

Dates

Have you ever been refused examination by a State Board? YES ☐ NO ☐

If yes, give name of Board and details: _____

Have you ever been convicted of a crime? YES ☐ NO ☐

If yes, give details: _____

Have you ever been addicted to, or treated for addiction to drugs or alcohol? YES ☐ NO ☐

If yes, give details: _____

List state(s) which you have been licensed to practice podiatry. Please note that a Licensure Affidavit form must be completed by the Licensing Board for each state listed.

State: _____
License Number _____
Date of original issuance: _____
Expiration Date: _____

State: _____
License Number _____
Date of original issuance: _____
Expiration Date: _____

Has your license to practice in any State ever been subject of an investigation and/or disciplinary action? YES ☐ NO ☐

If yes, give details: _____

If you have practiced, list locations and years of practice:

AFFIDAVIT

I, _____ being duly sworn do hereby swear that I am the person in this application for licensure before the Maryland Board of Podiatric Medical Examiners, and that the statements herein contained are true in every respect. If granted licensure, I will comply with all requirements of the laws governing the practices of podiatry in the State of Maryland, and pledge that I shall abstain from all deceptive and fraudulent methods of practice, immoral, unethical unprofessional conduct and will conduct my practice in accordance with the Code of Ethics adopted by the profession.

Signature of applicant Date

Subscribed and sworn before me this _____ day of _____

NOTARY PUBLIC

My commission expires _____

SEAL AND STAMP